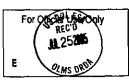
I.S. Department of Labor ice of Labor-Management Standards Vashington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4079	2. Fiscal Year Covered From:
	1/1/09 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Edward F FLANNERY	Name BmwE
	Labor Organization File Number 005857
P.O. Box, Bidg., Room No., If any Box 28	P.O. Box, Building and Room Number, if any
Street	Street 20300 Civic Center Drive Suite 320
City Fithiais	City South Field
State FL, ZIP Code + 4 6/844	State 77/. ZIP Code + 4 48076-4169
5. Position in labor organization.	
monetary value from an employer whose employees your organ	th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Chara	7.b. Amount.
Street	man regional and the second and the
	pt spirits at 1 Friedlight (1980) between the STEPP triple and the Step (1980) and the
City	
City State ZIP Code + 4	
State ZIP Code + 4	Signature
State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pensubmitted in this report (including the information contained in any accoundersigned's knowledge and belief, true, correct, and complete. (See	halty of Perjury and other applicable penalties of the law, that all of the information of the information of the penalties of the signatory and is, to the best of the
State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pensubmitted in this report (including the information contained in any acco	halty of Perjury and other applicable penalties of the law, that all of the information of paper and is, to the best of the

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name:	a. Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	c. Employer
Street	the same of the sa
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	·
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde	r parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value. 14.a. Nature of payment.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.0. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.